

PARENT'S AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

To _____
NAME OF PETITIONERS

I, the undersigned, being the father/mother of _____ ,
born _____ , a minor child whom you have petitioned to adopt,
do hereby authorize you to sign any consent for: medical care, including any examinations,
treatments, diagnostic procedures, vaccinations and immunizations; and for surgery; which may be
deemed advisable or necessary by a reputable physician for said child. This authorization will be in
effect until the adoption is granted or the child is removed from your home.

Dated on this the _____ day of _____, 20 _____,

Signature of Parent(s) _____

Witnessed by
